

FILED  
Feb 27, 2003 8:00 am  
Secretary of State

02-27-2003 90003 043 \*\*\*\*50.00

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L01000002375

1. Entity Name

POLO MEX, LLC



Principal Place of Business

1200 CLEVELAND ST.  
CLEARWATER FL 33755

Mailing Address

1200 CLEVELAND ST.  
CLEARWATER FL 33755

2. Principal Place of Business

1704 N. 17 ST.

Suite, Apt. #, etc.

3. Mailing Address

1200 CLEVELAND ST.

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

TAMPA FLORIDA 33605

City & State

CLEARWATER FLORIDA

4. FEI Number 59-3705077

Applied For

Not Applicable

Zip

Country

33605 HILLSBOROUGH

Zip

Country

33755 PINELLAS

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

COHN, VANESSA  
705 WEST AZEELE ST.  
TAMPA FL 33806

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR	CASTREJON, LORENZO	101-S AURORA AVE	CLEARWATER FL 33765	<input type="checkbox"/>
MGR	ROMAN, REYES	9100 URMERTON RD	LARGO FL 33771	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*LORENZO CASTREJON*  
**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-08-03 (727) 5106671

CR2E083 (10/02)